

**WOLVERHAMPTON CLINICAL COMMISSIONING GROUP  
PRIMARY CARE COMMISSIONING COMMITTEE**

**Minutes of the Primary Care Commissioning Committee (PUBLIC)  
Tuesday 2<sup>nd</sup> October 2018 at 2.00pm  
PC108, Creative Industries Building, Wolverhampton Science Park**

**MEMBERS ~  
Wolverhampton CCG ~**

		Present
Sue McKie	Chair	Yes
Dr David Bush	Locality Chair / GP	Yes
Dr Manjit Kainth	Locality Chair / GP	Yes
Dr Salma Reehana	Clinical Chair of the Governing Body	Yes
Steven Marshall	Director of Strategy & Transformation	Yes
Sally Roberts	Chief Nurse	Yes
Les Trigg	Lay Member (Vice Chair)	Yes

**NHS England ~**

Bal Dhami	Contract Manager	Yes
-----------	------------------	-----

**Independent Patient Representatives ~**

Sarah Gaytten	Independent Patient Representative	Yes
---------------	------------------------------------	-----

**Non-Voting Observers ~**

Tracy Cresswell	Wolverhampton Healthwatch Representative	Yes
Dr Gurmit Mahay	Vice Chair – Wolverhampton LMC	No
Jeff Blankley	Chair - Wolverhampton LPC	No

**In attendance ~**

Mike Hastings	Director of Operations (WCCG)	Yes
Dr Helen Hibbs	Chief Officer (WCCG)	No
Tony Gallagher	Chief Finance Officer	No
Peter McKenzie	Corporate Operations Manager (WCCG)	Yes
Gill Shelley	Primary Care Contracts Manager (WCCG)	Yes
Sarah Southall	Head of Primary Care (WCCG)	Yes
John Denley	Director of Public Health (WCCG)	No
Liz Corrigan	Primary Care Quality Assurance Coordinator (WCCG)	Yes
Kassandra Styche	Quality and Safety Officer	Yes
Steve Barlow	Public Health Specialist	Yes
Laura Russell	Primary Care PMO Administrator (WCCG – minutes)	Yes

## **Welcome and Introductions**

WPCC365 Ms McKie welcomed attendees to the meeting and introductions took place.

## **Apologies**

WPCC366 Apologies were submitted on behalf of Mr J Blankley, Dr H Hibbs, Mr J John Denley.

## **Declarations of Interest**

WPCC367 Dr Bush and Dr Kainth declared that, as GPs they have a standing interest in all items relating to Primary Care.

Dr Reehana declared that as a GP she had a standing interest in all the items relating to primary care. She also declared that, as her practice was named as one of the participants in the pilot project she had a conflict of interest in the item on the Home Visiting Service.

Ms McKie declared that in her role for Walsall and Wolverhampton on the Child Death Overview Panel, she has a standing interest in all items related to Primary Care

As these declarations did not constitute a conflict of interest, all participants remained in the meeting whilst these items were discussed.

## **Minutes of the Meeting held on the 4<sup>th</sup> September 2018**

WPCC368 The minutes from the meeting held on the 4<sup>th</sup> September 2018 were agreed as an accurate record.

**RESOLVED: That the above was noted.**

## **Matters Arising from the Minutes**

WPCC369 There were no matters arising from the minutes.

**RESOLVED: That the above was noted.**

## **Committee Action Points**

WPCC370 **Minute Number WPCC320 – Primary Care Assurance Report**  
It was noted the next Primary Care Assurance Report is not due until November. Agreed to close the action.

**Minute Number WPCC343 – Primary Care Quality Report**  
Ms Corrigan noted that she had spoken to Ms Reynolds and conflict resolution training has been scoped, a training provider has been identified. Agreed to close the action

**Minute Number WPCC344 – Update report following the retirement of Dr Mudigonda**

Ms Shelley to confirm the supervision process of the GP registrars.

**Minute Number WPCC348 – Influenza Vaccination Programme**

A report has been provided for the Private agenda. Agreed to close the action.

*Dr Reehana entered the meeting.*

**Primary Care Quality Report**

WPCC371 Ms Corrigan presented to the Committee the monthly Primary Care Quality Report and highlighted the following key points:

- Quality Matters – continue to be monitored, and all Primary Care incidents have been forwarded to the relevant practices and to NHSE where appropriate. Practices are asked to provide evidence of investigation and learning from these incidents and this is provided to NHSE who will then escalate accordingly and feedback to the CCG.
- Complaints – there have been 36 complaints received from NHS England since the new process began on the 1<sup>st</sup> November 2017
- Friends and Family Test – There were improvements in all areas of submission for the month and the overall response rate has increased slightly at 1.8%. This is significantly better than both regional and national averages.
- Workforce Development – a GP retention scheme has been agreed across the Black Country at an event held on the 25<sup>th</sup> September 2018. The plan will look at ways to maintain GPS in post but increase options to work across primary and secondary care and take up leadership roles. It was noted that a physician's associate internship programme is due to start with three practices expressing an interest.

**RESOLVED: That the above is noted.**

*Ms Corrigan left the meeting*

**Primary Care Operational Management Group Update**

WPCC372 Mr Hastings advised the Committee of the discussions which took place at the Primary Care Operational Management Group Meeting, the following points were noted:

- The MGS Medical Practice Transition Meetings are progress well and as a result have moved to monthly instead of fortnightly.
- The practice migration onto EMIS web is Dr Bilas, which is currently on target to complete.
- There are two practices which have gone through ETTF, and work has commenced on builds at Newbridge and East Park.
- Dr Whitehouse surgery had issues with their current lease, this has now been resolved.
- Contract Monitoring Annual Practice Declaration Template was agreed by the Group.

- The Practice Groups are now hitting their 100% for Improved Access target set by NHS England. The Practice groups are now open seven days a week offering 6pm – 8.00pm in the evening and additional Saturday and Sunday access.
- The query raised by the Primary Care Commissioning Committee regarding single hander practices. It was agreed single hander practices were not considered a significant risk to be added on to the risk register.
- The CQG reported a number of visits to GP Practice have been undertaken and the results have been positive.

**RESOLVED: That the above is noted.**

## **Home Visiting Service**

WPCC373 Mrs Southall presented to the Committee a revised business case for a GP Home Visiting Service project which has been previously approved by the Committee. The project is currently being mobilised and is due to commence in December 2018. Following discussions with the practices and the provider (Royal Wolverhampton NHS Trust) the business case has been updated to request for a healthcare assistant to undertake some of the routine activity as set out in the service model.

The Committee were asked to approve the funding for the Healthcare assistant for the six month period of the pilot project at an additional cost of £13,094. The changes to the business case were highlighted within the report.

The Committee reviewed the changes and queried the role and function of the healthcare assistant. The Committee requested further clarification on the role and purpose as it was not clear within the business case. It was agreed a virtual e-mail would be sent to the Committee outlining the healthcare assistant role, however due to timescales a decision would need to be made via e-mail to approve or not approve the funding.

**RESOLUTION: Mrs Southall to provide clarification on the healthcare assistant role to the Committee via e-mail and seek approval of funding.**

## **Primary Care Workforce – New Roles and GP Retention**

WPCC374 Mrs Southall gave the Committee an update on the GP workforce position and projects that are underway locally and across the STP footprint to address recruitment and retention of GPs. Mrs Southall highlighted the following key points from the report:

- GP Workforce in Wolverhampton - based on available data from NHS Digital there are currently 142 GPs (FTEs) working across 42 practices in Wolverhampton, who are either employed as partners or salaried GPs. The age profile of our GPs demonstrates that 21% of GPs are of an age where they may choose to retire.
- STP initiatives – The Black Country STP has in place a Primary Care Workforce Strategy, which acknowledges that there are many challenges across the STP footprint.

- Intensive Support Site – The Black Country have been identified as an Intensive Support Site (ISS) for GP retention. Through having the ISS status dedicated funding has been allocated to invest in a series of projects until the end of March 2019.
- Schemes – There are four schemes that have been produced in liaison with GPs across the STP, which are due to be launched in October 2018 for GPs from across the Black Country to consider/access. The schemes are as follows:
  - Incentivising Portfolio Careers
  - Retention of Newly Qualified and GP Trainees
  - Peer Mentoring Network
  - Pre-retirement Coaching

Dr Reehana noted in terms of GP retention to review the possibility of involving Vocational Training Scheme (VTC) as they offer a lot of support to GPs. Mrs Southall agreed to review VTC and their programme.

A discussion took place around international recruitment, GP retirement and potential CCG funding pressures. It was noted that the CCG need to consider the risk associated of the funding initiatives on the wider footprint and build this into future financial planning for next year.

**RESOLVED: That the above is noted.**

### **Any Other Business**

#### **WPCC375 Promotion of Primary Care Commissioning Committee**

Ms McKie informed the Committee that she has agreed to share the public meeting dates with the PPG Chairs and Citizens Forum to encourage attendance of the public to future meetings.

#### **Date of Next Meeting**

**WPCC376** Tuesday 6<sup>th</sup> November 2018 at 2.00pm in the Stephenson Room, Technology Centre, Wolverhampton Science Park